V. S. No. 2
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Rev. 5-11-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4931

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1760

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 6

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5829 Theodosia Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph V. Van Eeckhoute.

3. (b) If veteran, name war None

3. (c) Social Security No. 492-10-9078

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Josephine Van Eeckhoute

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 9, 1882.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	11	11	hr. min.

9. Birthplace Perry County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist.

11. Industry or business

FATHER
12. Name Venacius Van Eeckhoute.
13. Birthplace ? Iowa.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Layton.
15. Birthplace Perry County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Van Eeckhoute.
(b) Address 5829 Theodosia Avenue.

17. (a) Burial (b) Date thereof 2-24-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) FEB 22 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th
year 1945 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from 2/1/45
, 19 , to 2/20/45 , 19 ;
that I last saw him alive on 2/20/45 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pleura c̄ empyema & metastases

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations As above

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1515 Lafayette 2/21/45 Date signed 2-21-45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jos E Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.